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Notice of Independent Review Decision

Date notice sent to all parties: 10/20/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Six additional sessions of physical therapy for the cervical spine, lumbar spine, and bilateral shoulders

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified in Orthopedic Surgery
Diplomate of the American Board of Orthopedic Surgery
Fellow of the American Academy of Orthopedic Surgeons

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Six additional sessions of physical therapy for the cervical spine, lumbar spine, and bilateral shoulders – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

examined the patient on xxxxx. He was involved in xxxxx. He kicked out the windshield to escape. The fire department offered to take him to the emergency room, but he declined. He had pain in his left hip, right thigh/knee, and on the left side of his face

near his eye. He also noted he had some other injuries on the back side of his body he could not see. He was not in much pain and rated at 2-3/10. He did not lose consciousness and he was wearing a seatbelt at the time of impact at which time he was going 30-35 mph. He had an abrasion/ecchymosis, and swelling of the lateral aspect of the left orbit. In the right elbow, he had full range of motion with a 2 cm. abrasion inferior to the elbow at the epicondyle. He had normal lumbar range of motion with left sided spasms and a 2 cm. abrasion on the right side of his back. He had suprapatellar tenderness in the right knee with full range of motion. McMurray's and Lachman's were negative. He also had thigh tenderness. He also had swelling of the left flank with bruising of the left hip with an ecchymotic area of 4 x 2 cm. X-rays were negative. The diagnoses were bilateral lumbar sprain, left open wound of scalp, bilateral hip and thigh injury, right knee/leg sprain, and injury to right forearm/wrist/elbow. did not recommend any therapy or provide any medications. An immediate CT scan of the head/abdomen was recommended. A CT scan of the brain on 07/17/15 was unremarkable. On 07/20/15, the patient was reevaluated by. His pain had resolved in the eye, right shoulder, right elbow, and lumbar spine. His cervical spine and left shoulder pain had decreased. He had slight dizziness in the morning, but denied headaches. He had bruising of the right medial thigh. Physical therapy and over-the-counter medications were recommended. , P.T. examined the patient on 07/21/15 in therapy. The diagnoses were lumbar sprain, neck sprain, right knee sprain, and bilateral shoulder sprain. Therapy was recommended three times a week for two weeks to include manual therapy, therapeutic exercises and activities, neuromuscular reeducation, and gait training. The patient attended therapy on 07/23/15, 07/24/15, 07/27/15, 07/29/15, 07/30/15, 08/07/15, and 08/10/15. The patient returned to on 08/04/15. He noted his fingers felt numb and he had pain in the left hip, low back, left shoulder, and right leg rated at 6/10. He had decreased cervical range of motion with numbness and tingling in the bilateral hands/fingers. He had reduced left shoulder range of motion with no impingements signs. He had reduced lumbar range of motion with tenderness and ecchymosis in the left lower back that was improved. prescribed Motrin and Flexeril and recommended continued therapy. The patient was reevaluated in therapy on 08/12/15. He had improved from his initial assessment with remaining impairments in left shoulder range of motion, left upper extremity strength, and left lower extremity strength. A cervical MRI dated 08/14/15 revealed a 1 mm. central and left sided osteophyte disc protrusion complex with mild left neural foraminal narrowing. At C5-C6, there was 2.5 mm. of retrolisthesis and a 2 mm. central and right sided disc protrusion that caused mild thecal sac stenosis and moderate to severe bilateral neural foraminal narrowing. The bilateral C6 nerve roots were likely impinged upon. At C6-C7, there was a broad 1 mm. disc protrusion/herniation with a 3.5 mm. central component and mild bilateral neural foraminal narrowing. A left shoulder MRI that day revealed a 10-15% thickness surface and intrasubstance partial tearing of the distal supraspinatus tendon. A potential source for impingement was mild acromial downsloping. On 08/21/15, recommended continued therapy and referral to an orthopedist for a consultation for the cervical disc protrusion and retrolisthesis. It was noted he would likely need a surgical consultation for the foreign body in his eye. On 08/26/15, the patient was reevaluated in therapy. He had the same remaining impairments from xxxxx. Continued therapy was recommended. On 08/27/15, a preauthorization request was made for six additional sessions of therapy. The patient attended therapy on 09/02/15 and 09/04/15 and then was reevaluated on 09/09/15. He had not met his

goals for lumbar range of motion and lower extremity strength. The patient then attended additional therapy on 09/10/15 and 09/17/15. The patient followed-up with on 09/11/15. He had seen the orthopedist for his cervical spine who felt he did not have a neurological issue, but a musculoskeletal one. He had low back pain that radiated down his legs intermittently. Motrin, Flexeril, and therapy was continued. He would also be referred to an orthopedist for his left shoulder. On 09/14/15, another preauthorization request was made for six sessions of therapy. provided an adverse determination on 09/17/15 for the requested six additional sessions of physical therapy for the cervical spine, lumbar spine, and bilateral shoulders. A lumbar MRI dated 09/25/15 revealed multilevel endplate spur and disc bulging without a focal disc herniation. There was lumbar spondylosis most significant at L5-S1 where there was left L5 foraminal stenosis. On 09/28/15, provided another adverse determination for the requested six additional sessions of physical therapy. The patient returned to on 10/02/15. He noted his left leg felt numb and he had pain in his left shoulder. His pain radiated down his left leg. He received an injection into the left shoulder. He had decreased cervical range of motion with improved spasms. The left shoulder continued to have decreased range of motion and impingement testing was negative. IN the lumbar spine, his range of motion had improved, as well as his spasms. SLR was negative. The MRIs were reviewed. Motrin, Flexeril, and home exercises were continued. He was advised to follow-up for his cervical spine and left shoulder and would be referred to an orthopedist for his lumbar spine.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient is a male who was driving involved in a xxxxx, causing xxxxx. He has subsequently been diagnosed with bilateral shoulder sprains/strains, cervical sprain/strain, and lumbar sprain/strain. He has undergone extensive evaluation and treatment to include at least 18 sessions of formal therapy based on the documentation provided for review at this time. In addition, he was supposed to be transitioned to a home exercise program, but there is no actual documentation that he has been compliant. Treatment has appeared piecemeal rather than holistic in treating the entire individual. There are little objective physical findings in the medical records reviewed and his symptoms appear consistently out of proportion to the objective findings. The original request was denied on initial review on 09/17/15 by. His opinion was upheld on reconsideration/appeal by. Both reviewers cited the evidence based ODG as the basis of their opinions. In addition, as 10/02/15, no further physical therapy was recommended. The evidence based ODG recommendation is 10 visits over eight weeks for a shoulder sprain/strain, 10 visits over eight weeks for a cervical sprain/strain, and 10 visits over eight weeks for a lumbar sprain/strain. The patient has exceeded these recommendations and there is no documentation to support compliance with the home exercise program. Therefore, the requested six additional sessions of physical therapy for the cervical spine, lumbar spine, and bilateral shoulders is not supported by the criteria as outlined by the ODG and the previous adverse determinations should be upheld at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)